

YOUTH SOCCER

Registration Opens:

Tues., June 9th (City)

Tues. June 16th (Non-City)

Those in 22401 & 22404 Zip Codes are considered City Residents; all others are considered Non-City Residents.

Sponsorship Information

Do you or your business want to get involved and help sponsor a team?

Sponsorship opportunities are available, and the deadline to sponsor a team is

Thursday, August 20th.

If you are interested or want more information, please contact the Front Desk at (540) 372-1086.

Schedule:

Practices begin August 17, 2015

Practices are twice per week. You may choose between Mondays/Wednesdays, or Tuesdays/Thursdays. (If possible, your practice night will be assigned according to this preference).

Games are scheduled August-October

Games will be played on Saturdays or weekdays.

Teams play a regular season and playoff Tournament.

(Make-up or playoff games can be played on Sundays if needed.)



Locations:

All games and practices will be held at Dixon Park located off Route 2/ Dixon Street

Parents and Coaches Information:

Meetings held at Dorothy Hart Community Center:

Parents Meeting is Mon., Aug. 3rd at 6:00 p.m.

Coaches Meeting is Thurs. Aug. 6th at 6:00 p.m.

Fees:

Fees: City Residents- \$25 (Zip code must be 22401)

Non-City Residents- \$50

Registration ends Thurs., July 16th

\$10 Late-Fee after Thurs., July 16th

No experience is required, just a desire to have fun and help kids learn the fundamentals!

I want to coach with: (List ONE person) I want to be: Head Coach Assistant Coach

Signature: _____ Date: _____



Youth Soccer Registration Form

Fall 2015

Participation in this program adheres the undersigned to the conditions of the Liability Waiver and thereby waives Fredericksburg Parks, Recreation & Public Facilities and its Partners from all liability.

Novice (6-7 yrs) <input type="checkbox"/>	Rookie (8-9 yrs) <input type="checkbox"/>	Junior (10-12yrs) <input type="checkbox"/>	Senior (13-16 yrs) <input type="checkbox"/>	Age: _____ (as of 11/1/15)
<div style="display: flex; justify-content: space-between;"> Child's First Name Child's Last Name </div>				Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<div style="display: flex; justify-content: space-between;"> Home Address </div>				
<div style="display: flex; justify-content: space-between;"> City Zip </div>				Practice Preference <input type="checkbox"/> M/W <input type="checkbox"/> T/Th <input type="checkbox"/> No Pref.
<div style="display: flex; justify-content: space-between;"> Home Phone Child's Date of Birth </div>				
<div style="display: flex; justify-content: space-between;"> Parent/Guardian Name </div>				T-shirt Size <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
<div style="display: flex; justify-content: space-between;"> Parent/Guardian Work Phone </div>				
<div style="display: flex; justify-content: space-between;"> Parent/Guardian E-Mail **Used for updates and notifications** </div>				
<div style="display: flex; justify-content: space-between;"> Emergency Contact Name </div>				
<div style="display: flex; justify-content: space-between;"> Emergency Contact Number </div>				
<p>Department policy states that special requests for team placement cannot be honored. This includes requests for carpooling, assignment with friends, or particular coaches, etc.</p> <p>Does your child have any brothers/sisters playing? If so, what division are they in?</p> <p>_____</p> <p>ATTENTION: Does your child have any physical disabilities, allergies, medications or facts that we should be aware of? If yes, please list below:</p> <p>_____</p>				
For Office Use Only		Date: _____ Amount Received: _____		
D.O.B.: _____		Verified by: <input type="checkbox"/> New <input type="checkbox"/> BC List		Staff Initials: _____
Age Waiver: _____		Fee Waiver: _____		Age Waiver: _____